

APR 26 2012

U.S. DISTRICT COURT
MID. DIST. TENN.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
Nashville DIVISION

MANSOUR Bins El-amin Name

Prison Id. No. 33716

Name

Prison Id. No. _____

Plaintiff(s)

v. Connect Care Solutions

Doctor Stewart Name

Nurse M. Stephens Name

Defendant(s)

(List the names of all the plaintiffs
filing this lawsuit. Do not use "et
al." Attach additional sheets if
necessary.)

Civil Action No. _____
(To be assigned by the Clerk's
office. Do not write in this space.)

Jury Trial ☒ Yes ☐ No

(List the names of all defendants
against whom you are filing this
lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☒ Yes ☐ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs Mansour Bins El-amin

Defendants Clarksville Police Department, Detective Nicholas Newman, and
Officer Brian Terry

2. In what court did you file the previous lawsuit? In the United States District Court for the middle district of Tennessee, Nashville, Division
(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)
3. What was the case number of the previous lawsuit? 3:12-cv-342
4. What was the Judge's name to whom the case was assigned? Judge Shear
5. When did you file the previous lawsuit? 2012 (Provide the year, if you do not know the exact date.)
6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? Still pending
7. When was the previous lawsuit decided by the court? 2012 (Provide the year, if you do not know the exact date.)
8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.
- ☐ Yes ☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

- A. What is the name and address of the prison or jail in which you are currently incarcerated? Montgomery County Jail 116 Commerce St. Clarksville, TN 37040
- B. Are the facts of your lawsuit related to your present confinement?
- ☒ Yes ☐ No
- C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.
- _____
- D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?
- ☒ Yes ☐ No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☒ Yes ☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? I filed inmate grievance on medical staff about the situation
2. What was the response of prison authorities? nothing was done about what I was complaining about or asking for at the time.

G. If you checked the box marked "No" in question II.E above, explain why not. _____

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes ☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes ☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? I wrote a few grievances
2. What was the response of the authorities who run the detention facility? nothing was done about it, it was brushed off question not responded to.

L. If you checked the box marked "No" in question II.I above, explain why not. _____

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: IMASSORA Bina El-Amin

Prison Id. No. of the first plaintiff: 227116

Address of the first plaintiff: 116 Commerce St.
Clarksdale, MS 37040

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: _____

Prison Id. No. of the second plaintiff: _____

Address of the second plaintiff: _____

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: CORRECT CARE SOLUTIONS

Place of employment of the first defendant: Montgomery County Jail

The first defendant's address: 116 Commerce St.
Clarksdale, MS 37040

Named in official capacity?

☒ Yes

☐ No

Named in individual capacity?"

☒ Yes

☐ No

2. Name of the second defendant: Doctor Stewart

Place of employment of the second defendant: Montgomery County Jail

The second defendant's address: 116 Commerce St.
Clarksdale, MS 37040

Named in official capacity?

☒ Yes

☐ No

Named in individual capacity?"

☒ Yes

☐ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

3. Name of the third defendant: Nurse M. Stephens

Place of employment of the third defendant: Montgomery County Jail

The third defendant's address: 116 Commerce St. Clarksville, TN 37040

Named in official capacity? Yes

Named in individual capacity? Yes

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

On March 14, 12 This is the part about the cruel & unusual punishment I was moved out of population. On to a housekeeping pool the jail has called a medical pool where inmates were sleeping on a bunk that is on the floor the jail cut all the legs off for people. With needles while I was in the medical pool I was almost poisoned twice inmate worker tried to do something to my food I wrote a grievance. But by me being in a medical pool they close nothing about it and brushed it off. So that caused me not to eat I was told I had a follow-up appointment for a month and a week I was housed in a cell with a steel toilet bunk on the floor two mirrors on the wall and had to eat my food in the cell with a toilet. I found things in my tray & smelled things in my food in that medical pool. About the refusing me medical treatment I was told by JDA here is Clarksville. The orthopedic that I was would need surgery on my elbow. And I was injected with a shot that helped my pain they will not release. My medical record nurse, M. Stephens is trying to place a charge on me for them. She is the supervisor and she response to all grievances when asked why was doctor Stewart prescribing me these meds she said ask him when I see him. Doctor Stewart told me my injury was old I stated to them this happened in the Montgomery County Jail. Misuse of medical malpractice, doctor Stewart placed me on some type of antibiotic for a week that upset my stomach and made me very sick. Then doctor Stewart keep trying to prescribe me prescriptions he was writing. Doctor Stewart injected me with a shot that made my elbow swell up and put me in alot of pain. Doctor Stewart wrote a order to have me placed on a medical pool to cover up what he done. By Doctor Stewart & M. Stephens placing me on the medical pool it cause me to have extreme mental duress as of now I have a problem with my eyes they charged me a co-pay. And did a eye chart again know one has saw me nurse M. Stephens say in the near future. And my eye hurt really bad it's how they deal with health issues here at Montgomery County Jail.

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

- A. Correct Care Solutions \$150,000 Pain & Suffering, Cruel & Unusual Punishment, extreme mental duress
- B. next, & Refusing me access to my medical records & treatment, extreme mental duress
- C. Doctor Stewart \$150,000 Pain & Suffering, Cruel & Unusual Punishment, & extreme mental duress
- D. Refusing me medical treatment to a orthopedic surgeon misuse of medical malpractice
- E. Nurse M. Stephens \$100,000 Pain & Suffering, Cruel & Unusual Punishment, extreme mental duress

F. I request a jury trial.

☒ Yes

☐ No

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: MANSOUR BINA EL-AMIN Date: 4-23-12

Prison Id. No. 32716

Address: 116 Commerce St.
Clarksville, TN 37040
(Include the city, state and zip code.)

Signature: _____ Date: _____

Prison Id. No. NA

Address: _____
(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.



Inmate Medical Grievance Form
(Forma Médica Del Agravio Del Interno)

Last, First, MI MANSOUR El-Amin recluso# 32716
(Apellido, nombre, segundo nombre)

Housing Location Frd 146 Date 3-25-12
(Lugar de alojamiento) (Fecha)

The Grievance Committee will route request forms to the appropriate person.

INSTRUCTIONS: Detail your complaint on the following lines. Allow three (3) working days for a response.
INSTRUCCIONES: Detalle de su queja en las líneas en blanco. Permita 3 días laborales para obtener una respuesta.

Nature of Grievance/Complaint: IS on the medical provider/doctor there was a medical
(Naturaleza de la queja) ORDER REQUIRED. Me to be moved to the medical pool saying I'm housed to a bottom
burst. The question is on 3-14-12 I asked you and the nurse was I going to
be moved. Out of population you stated no it was only some type of restrictions
the question is I was moved anyway how come I have to wait so long for
you to clear up a mistake that was made by you. I do not take any
meds and anything dealing with my elbow or left arm. I know I would
would like to be treated. I would like to know when will I be seen by
you. I would please like for the provider/doctor to respond not a
nurse or nurse supervisor. Thank you for your help and time.

Inmate Signature (firma del recluso): Mansour El-Amin

FOR INTERNAL USE ONLY:

Received by Medical (Date):	Reviewed by:
Action Taken: <u>It was not an order by mistake. The provider</u> <u>Choose to put you there for your elbow issues-</u> <u>You have a follow up pending</u>	

Updated 06/07/07

Mster

CCS-157



Inmate Medical Grievance Form
(Forma Médica Del Agravio Del Interno)

Last, First, MI Mansour El-Amin recluso# 32716
(Apellido, nombre, segundo nombre)

Housing Location F pod 142 Date 3-30-12
(Lugar de alojamiento) (Fecha)

The Grievance Committee will route request forms to the appropriate person.

INSTRUCTIONS: Detail your complaint on the following lines. Allow three (3) working days for a response.
INSTRUCCIONES: Detalle de su queja en las líneas en blanco. Permita 3 días laborales para obtener una respuesta.

Nature of Grievance/Complaint: Is or nurse Wright I've been waiting to see the provider
(Naturaleza de la queja) STEWART for two weeks. The question is I can't get know feel back since you got
more knowledge of what's going on I'm writing you. When the provider put them
restrictions in on me that day about my elbow you was there you told him where I
was I was already on a bottom bunk not to put that order is now I'm back.
As the medical pod out of populations. My question is how long do it take for a
inmate is seek that's all I'm asking. I don't want know treatment for my elbow
I'm not on meds I would like to see him so he can remove this order off
me so I can go back to populations that all. I have had this problem before
where I was house here for months and they was tell me the same story
pending a follow-up appointment. The question is why you can't tell me when
this is not a out side appointment. This is right here inside the jail or would
it at best be soon can you tell me that. Can you please check on this for me since
you was in there at the time you might can explain this to the provider thank you.
Inmate Signature (firma del recluso): Mansour El-Amin

FOR INTERNAL USE ONLY:

Received by Medical (Date):	Reviewed by:
Action Taken: <u>You have an appt in the next few weeks</u> <u>MSTH</u>	

Inmate Medical Grievance Form
(Forma Médica Del Agravio Del Interno)

Last, First, MI Mansour El-Amin
(Apellido, nombre, segundo nombre)

Inmate# 32716
recluso #

Housing Location 7 pool 14 b
(Lugar de alojamiento)

Date 4.3.12
(Fecha)

The Grievance Committee will route request forms to the appropriate person.

INSTRUCTIONS: Detail your complaint on the following lines. Allow three (3) working days for a response.
INSTRUCCIONES: Detalle de su queja en las líneas en blanco. Permita 3 días laborales para obtener una respuesta.

Nature of Grievance/Complaint: Is for the nurse supervisor since all grievances are there you
(Naturaleza de la queja) the question is how come the provider Stewart injected me with a shot to my elbow
that only brought me pain and worsening my problem the question is how come
the same provider placed me on antibiotics for a week guessing at the
problem all this was dealing with my elbow. The question is I was sent
to a orthopaedic surgeon who said I had a radial head resections and
arthritis to the elbow. The same provider Stewart prescribed me a prescription
and told me I will be alright it's a old injury. The question is the
orthopaedic said I needed surgery to fix the problem. The question is
why would he look over this if I hurt my elbow in the jail. The
question is he's trying to feed me pills but not fix the problem and
I know to many pills is bad for me. I would also like to know
how can I get my hole medical record from correct care solutions. Thank
you for your help and time in this matter. Or do I have to write Hendersonville.

Inmate Signature (firma del recluso): Mansour El-Amin

FOR INTERNAL USE ONLY:

Received by Medical (Date):	Reviewed by:
Action Taken: <u>You may discuss your treatment and questions with the provider</u> <u>during your next scheduled visit. You may receive a copy of your</u> <u>records once released from custody or you may release them</u> <u>to someone on the outside. You must sign a release for these</u> <u>and there is a fee. Let me know if you would like to</u> <u>proceed.</u>	

Updated 06/07/07

CCS-157

Mr Stephen

Inmate Medical Grievance Form
(Forma Médica Del Agravio Del Interno)

Last, First, MI THANSSOUR El-Amin
(Apellido, nombre, segundo nombre)

Inmate# 32716
recluso #

Housing Location F-Pod 14 b
(Lugar de alojamiento)

Date 4-10-12
(Fecha)

The Grievance Committee will route request forms to the appropriate person.

INSTRUCTIONS: Detail your complaint on the following lines. Allow three (3) working days for a response.
INSTRUCCIONES: Detalle de su queja en las líneas en blanco. Permita 3 días laborales para obtener una respuesta.

Nature of Grievance/Complaint: Is about my Elbow and I also have a few questions
(Naturaleza de la queja)
I would like for you to give me a response to each one. The first question is how
come the provider did not honor the request the orthopaedic sent to the jail say
ing I needed surgery? The next question is how come I was injected with
a shot to my elbow that only made my problem worst? The next question is
do I have anything saying I had to be on the medical the rest of my time
in the montgomery county jail? The question is why did the provider prescribe
me with at the time with medications twice, that did not help my problem
guessing what was wrong with me? The medications made me very sick
at the time, that's why I asked him not to place me on any med's. I
would like to know how can I get my medical record from correct
care released to me.

Inmate Signature (firma del recluso): Mamasse El-Amin

FOR INTERNAL USE ONLY:

Received by Medical (Date):	Reviewed by:
<p>Action Taken:</p> <p><i>See previous response!</i></p>	

Inmate Medical Grievance Form
(Forma Médica Del Agravio Del Interno)

Last, First, MI Makour, Zine El-Amir Inmate # 33216
(Apellido, nombre, segundo nombre)

Housing Location F14 Low Date 4-7-12
(Lugar de alojamiento) (Fecha)

The Grievance Committee will route request forms to the appropriate person.

INSTRUCTIONS: Detail your complaint on the following lines. Allow three (3) working days for a response.
INSTRUCCIONES: De los detalles de su pedido en las líneas en blanco. Tardara 3 dias laborales para obtener una respuesta.

Nature of Grievance/Complaint: Is about my eye appointment my eyes hurt ne really
bad to see. The question is do I still have my appointment
set for the eye doctor. And is it now it's been a month.
I don't want to know the date but about how much longer.

Inmate Signature (firma del preso): Makour El-Amir

FOR INTERNAL USE ONLY:

Received by Medical (Date):	Reviewed by:
Action Taken:	
<u>Medical</u> <u>Future</u> <u>MSK</u>	

Inmate Medical Grievance Form
(Forma Médica Del Agravio Del Interno)

Last, First, MI Mansour El-Amin
(Apellido, nombre, segundo nombre)

Inmate# 33716
recluso # 27

Housing Location 7 pod K/L
(Lugar de alojamiento)

Date 3-10-12
(Fecha)

The Grievance Committee will route request forms to the appropriate person.

INSTRUCTIONS: Detail your complaint on the following lines. Allow three (3) working days for a response.
INSTRUCCIONES: Detalle de su queja en las líneas en blanco. Permita 3 días laborales para obtener una respuesta.

Nature of Grievance/Complaint:
(Naturaleza de la queja)

As of the medical provider/doctor on 3-14-12 I saw you for
a check up about my left elbow. At that time the nurse who sits in with you asked you
was the order you were working up going to get me moved you stated to her it
was some type of Restriction only then you asked her what do you put where
it said bottom but she stated. Where I was housed I am already was on a bottom
bunk. Again I ask you would I be moved you said no now I'm being house
in medical pod. They the nurse's staff keep telling me I have an appointment
to see you. I've had this problem before and it take me months to be seen this
is taking my time. By being housed in medical the question is you can clear all
this up. By removing the order from me no restrictions so I can go back
to population. Since you know what's going on with me why should I
have to wait for a time up you don't have to see me to do this case the
provider/doctor. Please Responded not a NURSE OR NURSE SUPERVISOR
Thank you For your help and time. I do not take much and I'm ok about my health.

Inmate Signature (firma del recluso): Mansour El-Amin

FOR INTERNAL USE ONLY:

Received by Medical (Date):	Reviewed by:
Action Taken: <u>All grievances are answered by me. The provider may write</u> <u>for you to have a bottom bunk even if you are already on one</u> <u>as keeping a bottom bunk while in Gen pop is not guaranteed.</u>	

MONTGOMERY COUNTY SHERIFF DEPARTMENT
JAIL DIVISION
"Emergency"
GRIEVANCE FORM

COPY

~~1106~~

To: dist. shift supervisor
E182

To: dist. shift supervisor

McKinnell
132913

NAME OF COMPLAINING PARTY: Mansour El-Amin (32716) F14 box

COMPLAINTS: Is one of the workers who feed the food in the medical pool you can ask the deputy who pick up the trays. I'm not eating but I got to except the tray or they would place me on some type of. Watch for not eating. I got my food tonight and it had hair in it. And it smelled like cleaning solutions. I fear for my safety by being housed over here. Can you please move me to E-Pod as long as I have to be housed as medical. Cause they have the trays set coming out of a pod so they know how to go straight to it when the cart come over here. They've made threats now there are doing it. Thank you for your help and time. Can you please move me to E-pod. This is a very serious problem.

COMPLAINTS WERE FILED:

DATE: 4-13-12

TIME: 6:05 pm

COMPLAINTS WERE HEARD:

DATE: 4/17/12

TIME: 2220

SIGNATURE OF PERSON WHO HEARD COMPLAINTS:

Sgt. T. G. M. M. M.

SIGNATURES OF THE SPOKESMEN FOR COMPLAINING PARTIES:

Mansour El-Amin

FINDINGS OF THE HEARING OFFICER:

MOVED TO V10 on 4/17/12

MONTGOMERY COUNTY SHERIFF DEPARTMENT
JAIL DIVISION

COPY

GRIEVANCE FORM

NAME OF COMPLAINING PARTY: Mansour El-amin (38716) F14 Low

COMPLAINTS: This grievance is as both T.D.C worker's who serving
food in this pool. I fear that they gone to do something to my
food like spit in my tray. Cause I was told by one of them
and he speaks to the other one in Spanish so he knows what
to do if he tell's him. I got into it with him from the street's
and as of tonight. I will not except any food trays or juice
unless the deputy give me my food.

Can you let all shifts know about this. Thank you for your help
the T.D.C worker have made and time.

many threat about what he gone do.

So for my safety I would like for the deputies to feed
me not the inmate as long as I'm housed in medical.

COMPLAINTS WERE FILED:

DATE: 4-11-12

TIME: 6:00 pm

COMPLAINTS WERE HEARD:

DATE: 4/11/12

TIME: 2:08

SIGNATURE OF PERSON WHO HEARD COMPLAINTS:

Sgt T. GOMOR

SIGNATURES OF THE SPOKESMEN FOR COMPLAINING PARTIES:

Mansour El-amin

FINDINGS OF THE HEARING OFFICER:

THERE SHOULD BE NO MEDICINE DEPUTIES AND TO
SUPERVISOR WORKERS